

Millville Public Schools
Continuing Education Department
PO Box 5010
Millville, NJ 08332
School Age Child Care Registration Information

Student: _____

(Additional children) _____

Birth Date: _____ Sex _____ Grade _____

Parent/Guardian _____

Address _____

Home phone _____ Work phone _____

Cell phone _____

Estimated time of child's arrival and departure AM _____ PM _____ Start date _____

Persons authorized to pick-up child (any changes must be received in writing)

Emergency phone numbers (name, phone, & relationship) **NOT PARENT/GUARDIANS**

Please share any special information that would be useful in providing for your child's needs while he/she is attending our program.

Does your child have any health issues such as allergies (bee stings, food, pollen, asthma, heart problems, and/or diabetes?)

Epi pen _____ Inhaler _____ Medication _____

I do/do not give permission to have my child appear in any media coverage approved by the school

Parent/Guardian

Date